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DATE FILED: 5/27/2015

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

SERGEI CHEPILKO

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

P.O. YEVGENIY BUSHUYEV,
PO JAMES FARAH,
P.O. DAVID LAMARRE, P.O. MALIK WILLIAMS,
PO. JOHNSTON, P.O. MARVIN LUIS,
LE. SUNG, P.O. YULAMNIA GATON,
THE CITY OF NEW YORK,

IN THEIR OFFICIAL AND INDIVIDUAL
CAPACITIES.

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name SERGEI CHEPILKO

Street Address [REDACTED]

County, City BROOKLYN, NEW YORK

State & Zip Code NEW YORK, 11224

Telephone Number [REDACTED]

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

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U S DISTRICT COURT SDNY

INDEX N/14-CV-6732(GBD)(GWG)

AMENDED
COMPLAINT

Jury Trial: ☒ Yes ☐ No
(check one)

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2015 MAY 28 A 11:55

Defendant No. 1

Name P.D. YEVGENIY BUSHUYEV (TAX N 946670)
 Street Address _____
 County, City NEW YORK
 State & Zip Code _____
 Telephone Number _____

Defendant No. 2

Name P.D. JAMES FARAH (TAX N 934838)
 Street Address _____
 County, City NEW YORK
 State & Zip Code _____
 Telephone Number _____

Defendant No. 3

Name P.D. DAVID LAMARRE (TAX N 947929)
 Street Address _____
 County, City NEW YORK
 State & Zip Code _____
 Telephone Number _____

Defendant No. 4, 5,
6, 7, 8,

Name P.D. JOHNSTON, LT. SUNG HENRY
P.D. MARVIN LUIS (N 16926), P.D. MALIK WILLIAMS, P.D. GATON
 County, City NEW YORK
 State & Zip Code _____
 Telephone Number _____

DEFENDANT 9. THE CITY OF NEW YORK

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions

☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue?

VIOLATION OF PLAINTIFF'S FIRST, FOURTH,
FOURTEENTH. AMENDMENTS RIGHTS,
ILLEGAL RETALIATION, HARASSMENT, ASSAULT.

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. Where did the events giving rise to your claim(s) occur? WEST 42 STREET BETWEEN 7 AND 8 AVE. MANHATTAN, NEW YORK, WEST 12 STREET WEST 50 STREET, MANHATTAN, NEW YORK, VICINITY.
- B. What date and approximate time did the events giving rise to your claim(s) occur? 8/20/2011, 11/8/2013, 5/7/2010, 12/4/2011

- C. Facts: 1) On 8/20/2011 at 12:10 P.M. POLICE OFFICERS BUSHUYEV, FARAH, LAMARRE STOPPED PLAINTIFF WALKING WITH THE BIKE, ILLEGALLY SEARCHED PLAINTIFF'S BAG, THREATENED TO ARREST, AND ISSUED 2 SUMMONSES FOR "NO HELMET" AND "FAIL TO COMPLY W. POSTED SIGN." CLEARLY IN RETALIATION, BECAUSE PLAINTIFF EARLIER SUED FARAH FOR VIOLATION OF CIVIL RIGHTS.
- 2) ON 11/8/2013 AT 11:30 A.M. AT WEST 42 STREET LT. SUNG ORDERED TWO OTHER POLICE OFFICERS TO ISSUE TO THE PLAINTIFF TICKETS FOR DISORDERLY CONDUCT AFTER PLAINTIFF COMPLAINED THAT POLICE OFFICER WAS PUNCHING CLEARLY MENTALLY DISTURB MAN (P.O. LUIS) (P.O. WILLIAMS).
- 3) ON 5/7/2010 P.O. JOHNSTON (#1559) ILLEGALLY DEMANDED LISENSE FROM PLAINTIFF FOR WORKING AS PHOTOGRAPHER FOR HIRE AT WEST 42 STREET AND ISSUED HIM A SUMMONS WHICH WAS DISMISSED.
- 4) P.O. GATON ASSAULTED PLAINTIFF ON 12/14/2011 AT WEST 50 STR.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

DEFENDANTS VIOLATED PLAINTIFF'S CIVIL RIGHTS, INCLUDING FIRST, FOURTH, FOURTEENTH'S AMENDMENTS, HARRASSED PLAINTIFF AND ILLEGALLY RETALIATED AGAINST HIM.
THE CITY OF NEW YORK FAILED TO TRAIN POLICE OFFICERS.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

PLAINTIFF DEMANDS MONETARY COMPENSATION
TO BE DETERMINED BY THE JURY AND
OTHER RELIEFS THIS COURT FINDS JUST AND
PROPER

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 27 day of MAY, 2015

Signature of Plaintiff

S. Chepilko

Mailing Address

BROOKLYN, NY, 11224

Telephone Number

Fax Number (if you have one)

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Inmate Number

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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2015 MAY 27 P 11:45

U.S. DISTRICT COURT SDNY

SERGEI CHEPILKO

(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)

- against -

P.O. YEVGENIY BUSHUYEV et al.

14 Civ. 6732 (GBD) (GWG)

AFFIRMATION OF SERVICE

(In the space above enter the full name(s) of the defendant(s)/respondent(s).)

I, SERGEI CHEPILKO,
(name)

declare under penalty of perjury that I have

served a copy of the attached AMENDED COMPLAINT
(document you are serving)

upon A. Noble

(name of person served)

whose address is

100 Church St, NY

(where you served document)

by FAX 212-356-3509

(how you served document: For example - personal delivery, mail, overnight express, etc.)

Dated:

NY

(town/city)

(state)

MAY

(month)

27

(day)

2015

(year)

S. Chepilko

City, State

Brooklyn NY

11224

Zip Code

Telephone Number